

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10593725*

FILING DATE

*13 JUN 2009*

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
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16		<i>15</i>		/		/
17		<i>15</i>		/		/
18		<i>15</i>		/		/
19		<i>15</i>		/		/
20		<i>1</i>		/		/
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TOTAL IND.	<i>1</i>	↓	<i>1</i>	↓	<i>1</i>	↓
TOTAL DEP.	<i>76</i>	←	<i>20</i>	←	<i>20</i>	←
TOTAL CLAIMS	<i>77</i>		<i>21</i>		<i>21</i>	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						